

(Rev. 4/97)

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE

JOSEPH C. PALMER JR.
(Enter above the full name of the plaintiff in this action)

V.

Correctional Medical Services
STAN TAYLOR, Department of Correction

(Enter above the full name of the defendant(s) in this action)

06 - 266



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IFF

I. Previous lawsuits

A. Have you begun other lawsuits in state or federal courts dealing with the same facts involved in this action or otherwise relating to your imprisonment?
YES [] NO [☒]

B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit

Plaintiffs _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county)

3. Docket number

4. Name of judge to whom case was assigned

5. Disposition (for example: Was the case dismissed? Was it appealed?
Is it still pending?)

6. Approximate date of filing lawsuit

7. Approximate date of disposition

II. A. Is there a prisoner grievance procedure in this institution? Yes [☒] No []

B. Did you present the facts relating to your complaint in the state prisoner
grievance procedure? Yes [☒] No []

C. If your answer is YES,

1. What steps did you take? I filed a grievance, inform numerous D.C.C.

Employee's At D.C.C, SCORC, V.C.P.U.

2. What was the result? Blood samples were taken, phone calls and

promises were made but no treatment or results concerning problem.

D. If your answer is NO, explain why not

E. If there is no prison grievance procedure in the institution, did you complain to
prison authorities? Yes [] No []

F. If your answer is YES,

1. What steps did you take?

2. What was the result?

III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff Correctional Medical Services JOSEPH Palmer
 Address Unknown - CAN USE 901 MOORE ST. Seaford, Del 19973

(In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the names, positions, and place of employment of any additional defendants.)

B. Defendant Correctional Medical Services is employed as sub contractor
Medical Department at All Institutions in the STATE OF Delaware

C. Additional Defendants STAN TAYLOR - Commission of All Delaware prison
facility

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet if necessary.)

Cervix Culture, no swab in bottle to determine STD. Blood sample in
pass years proves plaintiff had two (2) Chronic Diseases, No medical help
given to "kid" plaintiff. Denied valuable medication to help prolong
plaintiff health and possibly plaintiff "Life" As of 4/12/06 no
medication has been given for Chronic Illnesses.

V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.)

To award compensation in the amount of \$250,000. for Neglect,
Pain & Suffering and possible future internal damage due to neglect
and giving a deceptive diagnosis

Signed this 12th day of April, 19 2006

Joseph C Palmer Jr
(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

4/12/06 Joseph C Palmer Jr
Date (Signature of Plaintiff)

AO 240 (DELAWARE REV 7/00)

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE

Plaintiff

V.

Defendant(s)

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER:

I, _____ declare that I am the (check appropriate box)
☐ Petitioner/Plaintiff/Movant ☐ Other in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☐ No (If "No" go to Question 2)

If "YES" state the place of your incarceration

Are you employed at the institution? ☐ Yes ☐ No

Do you receive any payment from the institution? ☐ Yes ☐ No

Have the institution fill out the certificate portion of this affidavit and attach a ledger sheet from the institution(s) of your incarceration showing at least the past SIX months' transactions. Ledger sheets are not required for cases filed pursuant to 28:USC §2254.

2. Are you currently employed? ☐ Yes ☐ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | |
|---|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

4. Do you have any cash or checking or savings accounts? ☐ Yes ☐ No

If "Yes" state the total amount \$ _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☐ No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.

I declare under penalty of perjury that the above information is true and correct.

Date: _____

Signature of Applicant _____

**SEE ATTACHED
SIX MONTH STATEMENT**

JOSEPH PACINER
SER # 123499

23207 Dupont Blvd.
Georgetown, Delaware
19947



UNITED STATES
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AMOUNT

\$1.35



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